

Comments from Grantees Unable to Attend the Great Plains Region Consolidated Planning Forum

Received by the St. Louis Office of Community Planning and Development
U. S. Department of Housing and Urban Development

These comments were submitted by three different grantees, and correspond to the Issues listed in the "Food For Thought" document provided prior to the Forum.

I. Perfect plans do not exist. As a planning model, the Consolidated Plan has serious limitations, including those identified below.

First, the Consolidated Plan does not exist in statute. HUD implemented the Consolidated Plan by administrative decision.

Second, State Consolidated Plans and City/Urban County Consolidated Plans have different requirements. Essentially, State Plans are policy plans, dependent upon subsequent rounds of program applications and awards. Basically, City/Urban County Plans are implementation plans, declaring the projects to be funded.

Third, the structural design of the Consolidated Plan is asymmetrical. The housing analysis for the State Profile is specific and extensive (micro-level). The community analysis for the State Profile is general and abbreviated (macro-level). Formally, the needs assessment for CDBG is placed in the Strategic Plan, not in the State Profile. The coordination requirements for housing programs in the Action Plan are, again, specific and extensive (micro-level). The coordination requirements in the Action Plan for community-based programs are, again, general and abbreviated (macro-level).

Fourth, Consolidated Plans must rely upon a disjointed data system. The State Profile uses U.S. Census data at its core. The 1990 census data for housing affordability, homelessness, and special needs is out of date. The 2000 census data for these variables is only partly available, and HUD's contracted data set will not be released by the Census Bureau until 2004.

Further, the Fair Housing Analysis of Impediments, Public Housing Agency Plans, Continuum of Care plans, and needs assessments for community-based programs should draw upon additional data collection and/or sources.

Fifth, the evolution of the Consolidated Plan reflects a philosophy of expansionism. Add CDBG to the CHAS. Add PHA Plans. Add troubled PHAs. Add Continuum of Care. At some point, we may deceive ourselves by thinking our problems are solved in print, hard copy and/or electronic. At some point, this continuous, huge effort may become inefficient. There is something to be said for limited, incremental plans, especially in a political environment.

II.

1. Yes. Each of the plans and the CAPER are effective planning tools. Their strength is the consolidation of the materials for multiple programs into one plan, one effort. Their weakness is their length. I also am not a fan of the federal form identifying project listings in

either the plan or the CAPER. The average citizen cannot relate to them without a roadmap. Solution: Computers are great. When an activity is complete on IDIS, the computer ought to be able to generate a cumulative report at the end of each month (and eventually the year) showing the accomplishments and beneficiaries and dollars spent on each completed activity. We seem to be duplicating information that should already be in Washington, which also leaves room for inconsistency. Enron comes to mind?

2. Nothing is more effective for citizens than before and after pictures. These should be absolutely required in public hearing presentations. The picture can also display cost and client by race or income or whatever indicators are needed. Power point could be sent to reporting stations. Tables with narrative support, of course, are still required to satisfy formal reports.

3. As a one man (and one admin assistant) office, where I am also the exec for the HA, there isn't a lot of coordination going on. Our citizen participation process requires applicants to request about half of the available CDBG at the public hearing, thereby assuring some participation in the hearing. The other half of the money is distributed based on plans and concepts which have been developed through local goal and priority setting processes at the advisory board and city commission levels. Most makes it to the WWW site. All duly reported in the local press. Generally, this is about the easiest requirement we face. Our meetings are televised on local cable access and are pretty widely viewed. If others are not taking advantage of media, shame on them.

4. Access is not the problem. HUD needs to be aware of the volume of statistical data being generated by other-than-HUD agencies. I have block by block data available from the 1990 census but HUD will only accept it by block group. That is not fair to lower income households which live in upper income census tracts, especially when their block groups appear to be mixed, but they are not. The center of the street or alley is as clearly a line of demarcation as any from the segregated south (the north side is poor, the south is rich). You get the picture. When the 2000 block group data is available, I will reexamine these areas and if the same truth emerges, expect an NRSA battle.

5. ditto 4. Homeless needs are pretty well documented by our social service network which, by virtue of our assistance to them, has to be reported to the city. Housing characteristics generally are pretty much available.

6. Market demand is something we do understate on purpose. We do the necessary analysis equivalent to the Housing Assistance Plan, which shows the correlation of housing to income and vacant housing to dilapidation, and others can take it from there. To overstate demand will encourage private investment that will have no market. Letting the private sector perform the housing market study necessary to justify investment is the prudent alternative.

7-8. CD/ED analyses are the meat of the CP and CAPERs processes. We should be able to perform these in our sleep. (big dreams?).

9. Section 3 has never been a problem mostly because we use small, local contractors for just about everything.

10. See 3. above. If we ever become a Troubled agency, heads will roll because they are mine.

11. Continuum of Care is handled by direct rent payments to vendors on behalf of seven agencies who assist low income households with health care, child care, housing, sheltering, clothing, and job training and education. They also are the first points of contact for homeless. It is getting better with the award of a Shelter + Care grant given to a consortium of these agencies recently by HUD. This is part of the job that goes only as smoothly as the cooperative mood of the agencies and for the last 18 years, it has gone very smoothly indeed.

12. Linkages, as evidenced from above, are what it is all about. Because we are [one of] the region's smallest entitlement, we have to develop associations for just about everything we do in order to get anything done. It works here, but would not be practical on a larger scale.

13. I don't know. We measure tangible results in brick and mortar and less tangible in clients served. Were the sick healed? Did the homeless eventually become self sufficient? I don't know, and leave it to others to find out, but our numbers on both physical and client needs are there for the record.

14 & 15. We have not figured out how to use 2020 [C2020] or how to incorporate it into IDIS. So I guess that is a good training block for the future, at least from [our] perspective.

16. IDIS is not fun. If HUD gave us the format and we could run it on word and e-mail the info to a computer in Washington, life, as we know it, would be a breeze.

17. Certifications are another easy one to accomplish. The best assurance to comply is not to engage wetlands with CDBG funds. Or any of the other strategic areas that would be difficult to work with, if you designed an action plan incorporating projects that impacts them. The certifications serve as a good guide of what not to try to do.

18. [We] employ this analysis to justify good effective projects which, if left undone, would continue or encourage impediments to fair housing choice. This is the "shoe is on the other foot" or the "other shoe has dropped" syndrome. Good communities use good requirements to their advantage.

19. See 3. above. The public hearings have a defined purpose with a targeted audience, along with the general public who has a wide array of access to the information and the meeting (TV etc.).

20. If anybody can think of any other topics related to AAP and CAPER, I'd like to hear about them.

III.

In my opinion, the concept of "consolidated planning" should be dropped in its entirety. There is no need for a such (sic) a "strategic" planning process. All that's needed, as done before consolidated planning, is a budgeting process with local citizen participation.

Throw out both the 5 year and annual "plans", and replace them with simple annual budgets. Keep the 2 required hearings: (1) providing initial advance opportunity to comment in general about program funding performance & local needs; and (2) providing later opportunity to comment about proposed budget. However, shorten the comment period; 30 days is entirely too long to set aside documentation for review.

Get back to basics. Ensure an open process whereby anyone / everyone has to apply through a citizen participation process for CDBG & HOME funds; with specific proposals explaining how program objectives / eligibility will be addressed through improvements/services that address local need(s). Keep it a principally a more simplistic budgeting process. Keep it an advisory citizen participation process; recognizing City Council's ultimately have inal discretion for budget approval.